

What is More Bizarre: The Transsexual or Transsexual Politics?

Men Trapped In Men's Bodies: Narratives of Autogynephilic Transsexualism. By Anne A. Lawrence, New York Springer, 2013. 242 pp. \$129 (hardcover). ISBN: 978-1-4614-5181-5

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This unique book is written for two distinctly small audiences: clinicians who are interested in Gender Dysphoria and men who are driven to express themselves as women. It is constructed by the parsing of narratives of 249 self-selected individuals who have long experienced reflexive arousal to the fantasy of being embodied as a woman. As Lawrence points out, such individuals often read everything written about the topic. Many will find their way to this volume to learn about the inner experiences of others who are also preoccupied with this ultimate boundary crossing. Clinicians, on the other hand, may find the numerous snippets laboriously repetitive. They are more likely to benefit from the author's thorough, if not overly detailed, history of the concept of autogynephilia and her persuasive argument that the phenomenon shares fundamental features of paraphilia. This is important if clinicians think that pathogenesis is relevant to therapy. Some do not (Brown 2009). Interest in gender transition seems to be increasing in all parts of the world as progress is made in sexual minority rights and transsexual studies flourish in academic institutions.

As I accompanied the author through her 12 chapters, five distinctions occurred to me.

- 1). There is a difference between pathogenesis, the multistep pathway towards an outcome, such as the decision to have sex reassignment surgery (SRS), and etiology, the search for one or more primal causal factors that originally turns a boy's mind towards feminine identification. By clarifying a prepubertal pattern of intense sexual arousal prior to a cross-gender identity formation, Lawrence refines our

understanding of the pathogenesis of many apparently heterosexual males who will ultimately identify as transsexual. It does not detract from the importance of this work that it cannot elucidate the originating etiological factors.

- 2). Researchers and clinicians identify and emphasize different factors in studying gender dysphoric persons. Concepts about autogynephilia were based on retrospective analysis of data collected over many years at a Toronto clinic. (Blanchard 1991). Lawrence embraced the brilliant deductions from these data because they so well explained her eroticism. The book is punctuated by personal revelations of her journey to womanhood, a fact that always raises questions about the ultimate neutrality of the fact-finding process. Her study of the accounts of Internet-acquired volunteers' eroticism suggested the commonality of her erotic developmental processes. The variables studied are the usual ones that gender researchers employ: masturbation arousal patterns, orientation, cross-dressing, gender role behaviors, and gender identity. But to clinicians interested in both early life etiology and subsequent developmental pathogenesis, the absence of other variables screams out—parent-child relationships, patients' functional capacities and their current mental health (Zucker 2004). The focus of the book is the seeming autonomous evolution of the studied variables. No mention is given to how other forces shape these variables. Many of these individuals that I encounter in the United States clinically seem to be challenged by learning, relating to others, thinking clearly, maintaining good self-care and health habits, organization, living within the law or avoiding substance dependence (Levine and Solomon 2009). Some clinicians think this is all secondary to the stress of being transgendered in a hostile world (Winter et al. 2009). Neither is there a focus on teenage parents, domestic violence, disrupted

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attachment bonds, autism, transient paraphilic interests and suicidality, etc. during the scrutiny of masturbatory behaviors and fantasies. While Lawrence does a wonderful job with the variables she tracks, they may not be the most relevant ones for the ultimate decision to remake the self as a woman. Some clinicians think that the criteria for the diagnosis of Gender Dysphoria are sufficient to understand these lives—they have a condition. I do not. I am impressed with the ordinary complexity of any life and see no reason why the unusual eroticism of an individual should preclude a thoughtful investigation of its multiple contributions.

- 3). Lumping versus splitting. Researchers often sense that their colleagues seem to be either lumpers or splitters in their approach to the subject of their interest. Lawrence who created a six-page Table of Contents is a splitter. Much to my relief in the final chapter she switches camps and synthesizes.
- 4). It is refreshing that Lawrence is different than the usual proponent of SRS (WPATH 2012). Her interest is scientific rather than polemical. In this book, she is interested in the steps to a trans identity rather than with treatments or minority rights. She provides a clarion call to pay attention to the separate pathways of those who are primarily heteroerotic and of those who are homoerotic. (DSM-5 now ignores this pathway.) Many who see SRS as medical necessary also see it as a fundamental political right for self-expression. Men Trapped in Men's Bodies is not a disguised political diatribe. Although she fails to mention the excellent documentation of the negative long-term outcomes of SRS in Sweden (Dhejne et al. 2011), she realistically discusses the inability of a person who fervently wants to be a woman to actually attain this goal in her sobering discussion of the quality of their experience as a “woman.” Lawrence understands the power of illusion to motivate and to disappoint; she is courageous enough to make both clear. Her approach to her work is to let the facts speak for themselves. She is not worried about the consequences of what may be occurring. She may underestimate how the advance of knowledge in this arena is limited by the tendencies of many gender patients to lie about their histories but I think she perceives the danger of the passion of many clinicians who believe in the multifaceted surgical cures for Gender Dysphoria.
- 5). Therapy for Gender Dysphoria is a separate topic from pathogenesis. Throughout medicine, there is an expectation that therapy will be rationally based on the ever-evolving comprehension of the pathophysiology. There is no understanding therapy for Gender Dysphoria without recognizing the political and sociological forces that swirl around patients and clinicians. The Standards of Care (WPATH

2012) for example, are rife with recommendations that support gender change and far less interested in the processes getting to the diagnosis and long term results of these individual experiments. Lawrence, previously an anesthesiologist who now earns her living in services to the transgendered is bringing an unpopular idea to the fore: for heterosexual boys, gender dysphoria grows out of early onset paraphilia. The politically correct concept is that gender is an entirely separate phenomenon from paraphilia. Lawrence's challenge is supported by what some clinicians readily observe about the subtle gender struggles of many with paraphilia and the subtle paraphilic mechanisms of many with gender dysphoria. While neither the origins of unusual genders or paraphilic patterns are scientifically established, the origins of most mental health matters are scientifically uncertain.

I admire the nifty title of this book. Lawrence, like others before her, skillfully exposes the fallacy of the culturally accepted trope, “I am a woman trapped in a man's body.” Both clinicians and persons with gender dysphoria can benefit from following her reasoning. Lawrence has a prodigious capacity to be logical. The words that anyone uses hint at underlying assumptions. Lawrence reacquaints the reader with autogynephilia as one of many erotic target location errors. In 1986 paraphilic target errors that interfered with courtship (Freund and Blanchard 1986). They offered other new matter-of-fact terms such as androphilia and gynephilia for orientations. Seventy-five years earlier, Sigmund Freud, also grappling with sexual diversity, observed that the outcome of childhood sexual development could be classified in terms of object (heterosexual and homosexual) and aim (normal heterosexual aspiration for penile-vaginal orgasm versus perverse interests such as fetishistic transvestism) (Freud 1953). He, too, was interested in what determined these diverse outcomes. Whether it is one militaristic term—target error, or another—aim, professionals are still seeking the answer.

Different ideologies produce different etiological emphasis. A biological etiology of these problems has not been identified despite the widespread belief to the contrary. The in vogue language of neuroscience recognizes the influence of poor early life limbic resonance in setting up the infant's brain, a concept that is almost identical with the nonscientific language of Buddhism which emphasizes the vital role of emotional resonance or empathy to a calm life. The concepts traced to Erickson and Bowlby bring us to trust development, anxious attachments, and gender identity organization. Despite our diverse ways of reasoning, one cannot be certain what will be required to unravel the mystery. Nonetheless, readers should be prepared for the power

Lawrence's logic—it may have lasting positive consequences on their understanding of the inner world of many transgendered males.

The mental organization of sexual identity in all persons consists of three components: gender identity, orientation and intention (Levine 2005). Sexual identity has both erotic and behavioral aspects. The private erotic components consist of diverse mosaic pieces. Males, for instance, are not as purely masculine, heterosexual or homosexual, or nonparaphilic as we represent ourselves to be. What a person wants to do with a sex partner and what the person wants the sexual partner to do with his body is what I mean by intention. The narratives in this book illustrate that subjects' intentions are profoundly self-centered. There is no reason to assume that fantasies or curiosities about what it might be like to be a woman occur only among the transgendered. I get to meet those who do not identify as transgendered who have such mosaic elements. Lawrence's synthesis is that many sort-of-heterosexual adults with gender dysphoria have a consistent arousal response, before and after transition, to the image of the self as a woman. Their identities eventually come to conform to their paraphilic intentions. This seems like a reasonable hypothesis to me. I have long marveled at how the mosaic elements of sexual identity combine and recombine in both patterned and unique ways throughout life. More importantly, Lawrence has confirmed my impression that these seemingly bizarre individuals can be understood as human beings rather than exceptions to be approached with special principles and special therapies.

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